Global surgery as an equal partner in health: no longer the neglected stepchild

The Lancet Commission on Global Surgery's vision is "universal access to safe, affordable surgical and anaesthesia care when needed".[1] 5 billion people, largely the poor, marginalised, and rural, face impossible hurdles and for all practical purposes are excluded from what is often life-saving or disability-averting treatment.[2] For many it is simply lack of money; for others it is the tyranny of distance and poor travel infrastructure. The remainder who can afford it and can travel the distance arrive to find a feeble health-care system with too few surgeons or anaesthetists, no medications, no oxygen, or no blood. In an era in which we discuss the dawn of personalised medicine and genetic engineering with frequency and familiarity, how can more than half the world's population live in a health-care time warp, trapping them centuries in the past?

In short, the reasons are inaccurate assumptions, competing priorities, and a lack of resolve. For years the public health community assumed that surgery was too costly and too complex—a luxury to be afforded only by the wealthy elite. This led the public health intelligentsia to concentrate on ostensibly more cost-effective interventions like vaccines and infectious disease treatments, all of which are necessary but in reality no more cost-effective than surgery.[3] To add to false assumptions and competing priorities, the surgical and anaesthesia community lacked a cohesive resolve to reverse the prevailing winds of surgical marginalisation. And, to be clear, surgical marginalisation has a cost that is only projected to increase.

With changing epidemiological trends, the burden of non-communicable diseases and injuries is increasing at an ominous pace,[4] making integration of surgery and anaesthesia care critical to achieving the newly evolving Sustainable Development Goals (SDGs) and the commitments to universal health coverage. Without immediate attention and scale-up, absence of surgical care will not only continue to result in preventable death and disability for millions, but it is also estimated to reduce the gross domestic product of low-income and middle-income countries by as much as 2·0% by 2030.[5] This will be crippling for those fragile economies struggling to emerge from poverty and instability.

Times have changed, and, in January, 2014, World Bank president Jim Kim's words to the first assembly of *The Lancet* Commission on Global Surgery symbolised a tipping point. He reformatted the surgical landscape when he stated that, "surgery is an indivisible, indispensable part of health care".[6] He then went a step further to say "I urge you to challenge this injustice, and to build a shared vision and strategy for global equity in essential surgical care."[6] Fortunately, Kim's words landed on fertile ground prepared by the hard work and dedication of numerous individuals and groups such as the Bellagio Essential Surgery Group, the 2nd and 3rd editions of Disease Control Priorities, the WHO's Global Initiative for Emergency and Essential Surgical Care, and thousands of frontline providers who fight daily to save their patients despite a lack of the most basic resources. Without these steadfast efforts, Kim's words might have fallen undetected on fallow ground.

The surgical "fields" had been tilled, and 2014 and 2015 saw the unfolding of several worldwide events that complemented and catalysed the work of *The Lancet* Commission. A World Health Assembly (WHA) Resolution on surgical system strengthening and essential surgery gained momentum via multicountry support at the WHO led by Emmanuel Makasa from Zambia. On Jan 30, 2015, it was passed by the WHO Executive Board and will go for a final vote at the May, 2015, WHA.[7] At the same time, 2015 marked a transition from the more condition-specific Millennium Development Goals to a collection of health and development targets (SDGs) aimed broadly at poverty reduction, universal health coverage, and equity.

On April 27 and 28, 2015, London, UK, hosted the initial launch of *The Lancet* Commission on Global Surgery in collaboration with the Royal Society of Medicine. The second launch will follow shortly after in Boston, MA, USA, on May 6 and 7. These launches represent the culmination of over 2 years of work by hundreds of people in 111 countries, four international meetings,

and multiple regional events—a broad, purposeful, and critical outreach effort.

The launches in London and Boston were just that; the beginning of an education and advocacy campaign intended to highlight the pivotal role of surgical care in health system strengthening. The formal Commission report,[1] 32 000 words of synthesis, analysis, recommendations, and indicators, is only one part of the initial Commission product. A dozen open-access business-style teaching cases have been published to provide an educational framework focused on global surgery topics. In addition, 61 abstracts were presented at the London launch and published in *The Lancet*, and numerous full-length articles are being published in *The Lancet, The Lancet Global Health, World Journal of Surgery, British Journal of Surgery,* and *Surgery*. This is the greatest volume of academic content published in a synchronised fashion in collaboration with five independent journals ever seen in the surgical community.

The Lancet Global Health is publishing a special issue of Comments, Correspondence, and original research Articles linked to *The Lancet* Commission on Global Surgery. Presenting work from all over the world, this commitment highlights the importance of international collaboration in combating "surgical marginalisation" in public health, and supports the themes and vision of the Commission.

So if this is our first step, how do we maintain forward progress? Delivery of surgery and anaesthesia care must be included by care providers, policy makers, and funders as a central component of wider health system strengthening efforts. A focus on equitable and high-quality care delivery must go hand in hand with a commitment to financial risk protection to best care for those afflicted by surgical conditions. And successful change must be locally driven by local leaders, supported by global partners through true accompaniment, global collaboration, and an emphasis on systems, not silos. Only in this way will we be able to achieve health, welfare, and economic development for all.

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Tracking global expenditures on surgery: gaps in knowledge hinder progress

Very little is known about how much is spent on surgical care delivery globally. Anecdotal evidence suggests that per-person expenditure on surgery varies enormously across countries. This cross-country and intervention-specific variation makes estimating global and country-level expenditure on surgery challenging; thus, these expenditure figures have not been produced to date. This gap in knowledge about funding to surgery is a major barrier to scale-up of surgical services, because it means that policymakers are unaware of the potential growth in expenditure associated with changes in care.

In an attempt to estimate global surgical expenditure, we reviewed 958 country-generated National Health Accounts (NHAs) from 1996 to 2010.[1] NHA reports, completed annually by high-income countries and somewhat routinely by many low-income and middle-income countries, provide an accounting framework for